The Separation of a Traditional Concierge Practice vs. a Hybrid Concierge Practice

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"Doc, you realize your office is a lot like Disney World," an unhappy patient quipped to Mark R. Wheeler, an internist in Louisville. "It's a three-hour wait for a 20-second ride."

This quote, from Wayne J. Guglielmo's 2003 Medical Economics article, hits the nail on the head. This is what has defined traditional medical practices for family practices and internal medicine practices until the late 90s when concierge medicine, or subscription-based practices, started to become popular. Many physicians transformed their practices from insurance-based, and converted to a VIP type of entity. If patients wanted direct access to their doctor, anytime appointments, annual physicals, and even hour-long office visits in addition to house calls, this was for them. For approximately $1,500 - $2,000 per year per patient, or $2,500 - $4,000 per year per couple, you could have a limited practice of approximately 300-500 patients. Many upscale practices were charging considerably more

This concept became a franchise-type operation in Florida around the turn of the century with the start of MDVIP, a company that coordinated a handful of physicians and put them on the road to becoming what was known as "concierge medicine." When this became popular, they even expanded to several other states. The idea was welcomed and became very successful. MDVIP charged approximately one third of the annual patient fee to help physicians maintain the start of something new. Mark Murrison, MDVIP's president of marketing and innovation said in an interview with PBS's NewsHour, "Our doctors are primary care doctors and doctors who have really become frustrated with what has become conveyer belt medicine. They're seeing 30, 35 patients or more a day. They're spending less and less time with their patients."

While most of the concierge medical practices became cash only with an annual membership, this allowed physicians to get away from having to bill insurance companies and do away with billing and collections, concentrating on preventative medicine. This sure sounds like a novel concept, doesn't it?

In a hybrid concierge medicine practice, the primary care physician makes it an option for his or her patients to participate in subscription-based care. The patients can choose to pay a fee for one-on-one, concierge services from the physician, or choose to continue receiving care traditionally from the same physician. That way, insurance-based patients can continue to receive care.

This model works to attract newer physicians since new graduates have chosen to step away from family practice or internal medicine due to feeling overworked and underpaid by having the traditional insurance based practice. At least this way the patient has a choice on how they would like to receive treatment, while the physician can have a mixed flow of patients.

The field of medicine changes all the time and no one knows what's next. At least both the physician and patient now have options to choose from, and that's the beauty of modernized medicine in the United States.

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